Foster Family Home - Corrective Action Report

Provider ID:

1-190034

Home Name:

Jean Edades, CNA

Review ID:

1-190034-1

91-817 Aikanaka Road

Reviewer:

Lisa Johnson

Ewa Beach

HI 96706

Begin Date:

5/10/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment

6.(d)(1) - Home inspection for a new 2 person CCFFH certification made on 5/10/19. Home is in compliance with all requirements.

Compliance Manager

Primary Care Giver

Data

May 10, 2019

Date